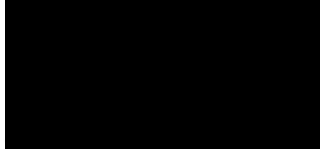


Our reference: **CHSFOI21-22.19**



Dear 

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on **Wednesday 12 January 2022**.

This application requested access to:

'guidelines, rules, memoranda, documents - basically anything - regarding police attendance when vulnerable people under 'welfare' checks should be approached by police officers.'

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Thursday 3 March 2022**.

I have identified three documents holding the information within scope of your access application. Information in the additional attachments to the source document were reviewed, however, the information contained in those documents is outside of scope of request. The documents holding information within the scope of your application are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

Decisions

I have decided to:

- grant full access to one document; and
- grant partial access to two documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as [Attachment B](#) to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest; and
- Schedule 2, 2.1(a)(iii) inform the community of the government's operations, including the policies, guidelines and codes of conduct followed by the government in its dealings with members of the community.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004; and
- Schedule 2, 2.2(a)(xi) prejudice trade secrets, business affairs or research of an agency or person.

Full Access

I have decided to grant full access to one document at reference 1.

Partial Access

I have decided to grant partial access to two documents. The document at reference 2 contains information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information contained in this folio is partially comprised of personal information.

I have identified that there are no relevant factors favouring disclosure of this information under Schedule 2.1.

This information has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy under *Schedule 2.2 (a)(ii)*. The disclosure of ACT Government and non-ACT Government employees' signatures would not provide any government information pertinent to your request. Therefore, I have decided this factor outweighs the public interest factors in the disclosure of this information.

Partial redactions have been made to information contained in the document at reference 3 as it contains information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information contained in this folio is partially comprised intergovernmental phone numbers.

Following the consideration of the above factor, *Schedule 2.2 (a)(xi)*, I have decided the factors favouring non-disclosure of internal government agency phone numbers do not outweigh the factors favouring disclosure. The publication of these numbers may result in them being used in manner that was not intended and resulting in the diminished usefulness of this inter-agency coordination mechanism. Therefore, and I have determined the information identified is contrary to the public interest and I have decided not to disclose this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, CHS maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au
Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely



Katrina Rea
Executive Director
Mental Health, Justice Health and Alcohol & Drug Services

2 March 2022

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME		WHAT ARE THE PARAMETERS OF THE REQUEST				FILE NUMBER	
[REDACTED]		Guidelines, rules, memoranda, documents police attendance when vulnerable people under 'welfare' checks				CHSFOI21-22.19	
Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status	
1.	1 – 13	MOU Between ACT Ambulance, ACT Policing, Canberra Health Services, Calvary Public Hospital Bruce for People Requiring Mental Health Care	20/10/2020	Full Release	N/A	YES	
2.	14 – 16	Attachment 1 – MHPEAC MOU Signatory pages combined	20/10/2020	Partial Release	Schedule 2.2(a)(ii) Privacy	YES	
3.	17 – 20	Attachment 3 – MHPEAC MOU Interagency Procedure Cross Agency Referrals of People Experiencing Mental Illness	20/10/2020	Partial Release	Schedule 2.2(a)(xi) Business Affairs	YES	
Total Number of Documents							
3							

Mental Health, Emergency, Ambulance and Police Collaboration

Memorandum of Understanding

between

The ACT Ambulance Service

The Australian Federal Police - ACT Policing

Canberra Health Services

Calvary Public Hospital Bruce ACT

regarding people requiring mental health care

13 August 2020



Contents	Page
Acronyms	3
1. Introduction	4
2. General Principles	4
3. Service Roles in the care of people experiencing mental illness	5
4. Definitions	5
5. Term	6
6. Implementation and Management Process	7
7. Responsibilities of the Parties	7
8. Costs	7
9. Incident Reporting and Liability	7
10. Information Sharing	8
10A. Ability to exchange information - Generally	8
10B. Circumstances when information can be exchanged - Urgent matters	9
11. Relationship of Parties and Publicity	10
12. Variation	10
13. Unforeseen Demands	10
14. Orientation and Training	10
15. Dispute Resolution	11
16. Review Process	11
17. Operational protocols	11
18. Letters of Exchange	12

Acronyms

ACT	Australian Capital Territory
ACTAS	ACT Ambulance Service
CHS	Canberra Health Services
CPHB	Calvary Public Hospital Bruce ACT
MHEAPC	Mental Health, Emergency, Ambulance and Police Collaboration
MHJHADS	Mental Health Justice Health Alcohol & Drug Services
MHS	Mental Health Services
MOU	this Memorandum of Understanding, including all operational protocols
NSMHS	National Standards for Mental Health Services 2010
TPP	Territory Privacy Principles

Mental Health, Emergency, Ambulance and Police Collaboration Memorandum of Understanding

Between

The ACT Ambulance Service, the Australian Federal Police – ACT Policing, Canberra Health Services, and Calvary Public Hospital Bruce ACT,

regarding people requiring mental health care

1. Introduction

The aim of this Memorandum of Understanding (MOU) is to provide agreement between the ACT (Australian Capital Territory) Ambulance Service (ACTAS), the Australian Federal Police (ACT Policing), Canberra Health Services (CHS) and Calvary Public Hospital Bruce ACT (CPHB) with the intention of maintaining a cooperative relationship to support optimal outcomes for people requiring mental health care. It recognises that all services play complementary roles in the provision of treatment, care and support to such people.

This MOU is intended to be consistent with the philosophy, principles and policies of all of the contributory services, incorporating the *National Standards for Mental Health Services 2010* (NSMHS), the *Fifth National Mental Health and Suicide Prevention Plan 2017*, the *Australia New Zealand Policing Advisory Agency (ANZPAA) Practical Guide for Police Responding to Mental Health Incidents (2019)*, the *Mental Health Act 2015* and contemporary mental health practice. All services promote that support is provided in a manner that promotes choice, safety and maximum possible quality of life for the person and that this support is provided within the principles of least restrictive care.

This MOU is designed to be a working document and supports existing legislation and localised policy and procedures of parties through the establishment of the Mental Health, Emergency, Ambulance and Police Collaboration (MHEAPC).

This MOU is not intended to have legal or binding effect, or to create binding legal relations between parties.

2. General Principles

Underpinning this MOU is the recognition by all parties that:

- People experiencing mental illness or disorder have the same rights as people with any other medical condition, or people without a medical condition. This includes the right to access, safety, respect, partnership, information, privacy and to give feedback as per the *Australian Charter of Healthcare Rights*;
- Any interference with or restriction of the rights of a person experiencing mental illness or mental disorder will only occur according to law; and
- Collaboration and cooperation between CHS, CPHB, ACT Policing and the ACT Ambulance Service in managing situations involving people experiencing mental illness is critical to ensuring safe, positive outcomes for the person and their carers and family.

3. Service Roles in the care of people experiencing mental illness

Parties to this MOU fulfil the following:

Canberra Health Services and Calvary Public Hospital including its staff have the responsibility for triage, assessment and appropriate treatment of all persons with a mental illness or mental disorder as required.

Mental Health Services (MHS) for the purpose of this document refers to Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS), a part of Canberra Health Services (CHS) and includes:

- Adult Community Mental Health Services;
- Adult Acute Mental Health Services;
- Rehabilitation and Specialty Mental Health Services;
- Child and Adolescent Mental Health Services; and
- Justice Health Services.

The Mental health programs offered through Calvary Public Hospital Bruce ACT, including:

- Calvary Adult Mental Health Unit 'Acacia';
- Older Persons Mental Health Inpatient Unit; and
- Calvary Consultation and Liaison Service.

Clinicians and other staff working in these services have the responsibility to address the mental health needs of the persons within a recovery framework, provide support to the person and their family, and preserve the person's rights and dignity with the overall objective of ensuring the safety of all parties. The vision of MHJHADS is a healthy community that acknowledges and meets the mental and other health needs of its citizens.

The Calvary Adult Mental Health Unit is an open, non-secure unit and is only able to admit people who can be adequately retained and safely cared for in this environment. The Emergency Department at Calvary Hospital is not an *approved mental health facility* under the *Mental Health Act 2015* and is therefore unable to accept people subject to Emergency Apprehension.

ACTAS and its staff has the primary responsibility of addressing the emergency health needs of individuals in the community (including mental health emergencies) as defined in the *Emergencies Act 2004 (ACT)*; patients requiring urgent care will be prioritised first.

ACT Policing and its staff is responsible for the provision of police services within the ACT, including public safety and the prevention of crime. The people of the ACT rely on ACT Policing to protect life and property, enforce the law through the detection and apprehension of offenders and help those in need of assistance.

4. Definitions

In this MOU, unless a contrary intention appears:

Person requiring Mental Health care (or persons) means a person who is, or who may potentially be affected by a mental illness or mental disorder per s.9 and s.10 respectively of the *Mental Health Act 2015* requiring assessment, treatment or care.

Mental Disorder for the purpose of this MOU aligns with the definition provided by s.9 of the *Mental Health Act 2015* meaning: a disturbance or defect, to a substantially disabling degree, of the perceptual interpretation, comprehension, reasoning, learning, judgment, memory, motivation or emotion.

Mental illness for the purpose of this MOU aligns with the definition provided by s.10 of the *Mental Health Act 2015* meaning:

a condition that seriously impairs (either temporarily or permanently) the mental functioning of a person and is characterised by the presence in the person of any of the following symptoms:

- 1) delusions;
- 2) hallucinations;
- 3) serious disorder of thought form;
- 4) a severe disturbance of mood; and/or
- 5) sustained or repeated irrational behaviour indicating the presence of the symptoms referred to above.

MHEAPC Steering Committee means the body established by Clause 6 of this MOU.

MHEAPC Management Committee means the body established by Clause 6 of this MOU.

Party means a party to this MOU.

Personal Information means information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not, about a person whose identity is apparent, or can be reasonably ascertained, from the information or opinion.

Personal health information means any personal information, whether recorded in a health record, relating to the health, an illness or a disability of a person, or collected by a health service provider in relation to the health or illness or a disability of the person.

5. Term

This MOU will commence on the date of execution and operate until such time as it is terminated.

This MOU replaces the Memorandum of Understanding between the ACT Ambulance Service, the Australian Federal Police (ACT Policing), Canberra Hospital, Calvary Public Hospital Bruce ACT, and Mental Health, Justice Health and Alcohol & Drug Services regarding people requiring mental health care, dated October 2016.

Any party may terminate this MOU without reason by giving the other parties fourteen (14) days' notice in writing addressed to the MHEAPC representative for each party.

6. Implementation and Management Process

The parties agree to establish:

- MHEAPC Steering Committee; and
- MHEAPC Management Committee.

The MHEAPC **Steering Committee** will:

- comprise of the heads of service or their delegates from ACTAS, ACT Policing, CHS and CPHB;
- manage issues or disputes unable to be resolved by the MHEAPC Management Committee; and
- meet if requested by a member of the MHEAPC Management Committee at times and locations as agreed between the parties.

The MHEAPC **Management Committee** will:

- comprise of senior representatives from ACTAS, ACT Policing, CHS and CPHB comprising as described in the Committee's Terms of Reference;
- be responsible for the successful delivery of MHEAPC objectives as per the Committee's Terms of Reference;
- meet at least every three (3) months at times and locations as agreed between the parties; and
- develop, approve, review and vary Operational Protocols.

7. Responsibilities of the Parties

The parties agree to:

- cooperate regarding the effective management of situations involving persons experiencing mental illness or mental disorder;
- participate in the MHEAPC Management and Steering Committees;
- ensure that their relevant personnel are aware of, and appropriately trained in, the procedures contained within this MOU; and
- when attending to people with a mental illness or disorder, act within the principles of the *Mental Health Act 2015*.

8. Costs

Subject to clause 9, the parties agree to bear their own costs arising from this MOU.

9. Incident Reporting and Liability

The parties acknowledge the application of the principles referenced by this MOU may give rise to incidents of liability of which may result in legal proceedings. Examples include

coronial proceedings and claims for loss or damage arising from the entry to premises not covered under the provisions of the *Emergencies Act 2004* (ACT).

Any matter involving a claim or proceeding concerning liability giving rise to the payment of damages will be notified to the ACT Insurance Agency (ACTIA) for advice and possible management, and referral to the ACT Government Solicitor, as required. If any claims or proceedings involve ACT Policing, AFP Legal must also be notified who will manage the ACT Policing aspect of the claim in consultation with ACTIA and the ACT Government Solicitor.

A significant incident is defined as an event or circumstance which did or could have resulted in major or extreme harm to a patient, staff member, property or reputation of an organisation, through the execution of treatment and care to a mentally ill or disordered person.

All parties agree that should they become aware of a significant incident, claim or proceedings related to a significant incident, they will notify, as soon as practicable, any other relevant party that may be involved in or affected by the incident claim or proceedings of the relevant details of the matter. All parties agree to cooperate in relation to any enquiry, investigation or handling of the matter.

Any situation involving an incident of liability of a nature that may give rise to the payment of damages will be negotiated in good faith with reference to the relative responsibilities, conduct and action of the parties involved.

This clause will survive the expiration or termination of this MOU.

10. Information Sharing

Each party may have its own localised policy and/or procedures relating to the management of information sharing and should direct appointees accordingly.

The seeking and provision of **personal information** and/or **personal health information** held by MHJHADS typically occurs by two avenues:

- Clause 10A – General disclosure; and
- Clause 10B – Urgent disclosure.

These two avenues are briefly described in Clauses 10A and 10B below. H, Furthermore, the relevant Operational Protocol procedure titled **Sharing of Personal Health Records** has been established under Clause 6 of this MOU to guide the request and provision of **personal information** and/or **personal health information**.

10A. Ability to exchange information - Generally

Principles concerning the exchange of information, relevant information or otherwise are broadly outlined here, and should comply with:

- the *Mental Health Act 2015* (ACT);
- the *Health Records (Privacy and Access) Act 1997* (ACT);

- the *MHJHADS Standard Operating Procedure Confidentiality, Privacy and access to Mental Health and Alcohol and Drug Services clinical records*;
- *Calvary Clinical Record Policy*;
- the *Territory Privacy Principles (TPP) 2014* contained in the *Information Privacy Act 2014* (ACT) or any subsequent principles however so named;
- the *Australian Privacy Principles* contained in the *Privacy Act 1988* (Cth) or any subsequent principles however so named; and
- the *Australian Federal Police Act 1979* (Cth).

Unless permitted by law, **ONLY** members of a **treating team**, and authorised staff, may have access to the **personal information** and/or **personal health information** of a person accessing MHJHADS services.

The *Health Records (Privacy and Access) Act 1997* (ACT) defines:

treating team to be:

in relation to a consumer, means health service providers involved in diagnosis, care or treatment for the purpose of improving or maintaining the consumer's health for an episode of care, and includes –

- (a) if the person named another health service provider as his or her current treating practitioner – that other health service provider; and
- (b) if another health service provider referred the person to the treating team for that episode of care – that other health service provider.

ACTAS are generally considered to be part of a person's treating team for an individual episode of care.

Health records are the property of CHS and CPHB and may only be accessed, shared or copied with the person's consent, under a court subpoena, statutory authority or a search warrant. It is the position of CHS and CPHB that disclosing confidential health information to any party, including police, should in the first instance, occur with the person's consent. However, the parties recognise that situations will arise where it is not possible or reasonable to obtain consent from the person due to their illness.

This clause will survive the expiration or termination of this MOU.

10B. Circumstances when information can be exchanged - Urgent matters

There are times when a third party may request information regarding a person for the person's continuity of care or in an emergency situation.

This is described in more detail in the relevant Operational Protocol procedure titled **Sharing of Personal Health Records**.

This clause will survive the expiration or termination of this MOU.

11. Relationship of Parties and Publicity

Whether because of this MOU or otherwise, the parties agree not to represent themselves as being an officer, employee, partner or agent of another party, or as otherwise able to bind or represent another party.

The parties will not by virtue of this MOU be, or for any purpose be deemed to be, an employee or agent of another party. No partnership will be deemed to arise between the parties as a consequence of this MOU.

A party to this MOU will not use the name or logo of another party, suggest any endorsement by another party, or make any public comment or media release about any aspect of this MOU, without the prior written consent of the other party.

The MHEAPC Management Committee may make recommendations to the MHEAPC Steering Committee or respective heads of service for each agency, in relation to media releases and briefings to all parties.

Where media enquiries or media release issues arise in connection with this MOU (including the application of procedures and guidelines set out in the MOU), the parties involved in the incident or issue that attracts media attention will consult and liaise as is appropriate in the circumstances to ensure a coordinated response that adequately reflects the positions and interests of the respective parties.

A party will not make a disclosure or statement to the media on another party's area of responsibility without the prior approval of the responsible party.

This clause will survive the expiration or termination of this MOU.

12. Variation

This MOU may be varied by written agreement between the parties. Any proposed amendments must be approved by the MHEAPC Management Committee and endorsed by the relevant parties' Executive.

13. Unforeseen Demands

The parties to this MOU will not be required to honour commitments under this MOU in the event of major or unforeseen demands on their resources.

14. Orientation and Training

Successful operation of the MOU requires parties to ensure personnel are made familiar with this MOU through orientation or ongoing professional development curriculum, and that it is made readily accessible to all staff.

All parties commit to:

- provide information and expertise on a mutual basis to assist each agency to deliver training which reflects these principles.

CHS commits to:

- the provision of health professionals to assist with curriculum development and delivery of training to the ACT Policing **Enhanced Mental Health Training Program** or its successor; and
- ACTAS training programs as requested.

ACTAS commits to:

- the provision of paramedics to assist with curriculum development and delivery of training to the ACT Policing **Enhanced Mental Health Training Program** or its successor; and
- CHS training programs as requested.

ACT Policing commits to:

- the provision of police officers and professional staff to ACTAS and CHS assist with training programs as requested.

15. Dispute Resolution

It is recognised that from time to time differences of opinion and/or disputes between parties may arise.

Dispute resolution should, in the first instance involve a meeting between parties at the lowest appropriate level to clarify the issues of the dispute with the aim to reach resolution.

If a resolution cannot be achieved at this level, the party may refer it to the MHEAPC Management Committee.

The MHEAPC Management Committee may escalate the matter to the MHEAPC Steering Committee for decision if a matter remains unresolved.

16. Review Process

The parties agree that this MOU will be reviewed every three (3) years on the anniversary of implementation, or at such times as agreed by the parties.

17. Operational protocols

The MHEAPC Management Committee will develop and review, **operational protocols** for common cross-agency tasks relating to the management of people who are experiencing a mental illness or disorder.

The **operational protocols** replace **operational attachments** included in previous MOUs and will continue to guide multi-agency situations. **Operational protocols** do not attempt to override existing internal agency procedures; however, they seek to supplement by aligning protocols, practices and procedures into a standardised framework.

The **operational protocols** may be varied in writing at any time by the MHEAPC Management Committee.

18. Letters of Exchange

Where specific detail is required in relation to administrative, financial or secondment arrangements, two or more parties may enter into a Letter of Exchange. Letters of Exchange may also supplement **operational protocols**.

Any Letter of Exchange entered into between parties is subject to the terms of this MOU.

**SIGNED by
ACT Ambulance Service**

.....)
Howard WREN ASM)
Chief Officer)
ACT Ambulance Service)
Date:)

in the presence of
.....
Signature of witness
.....
print name

ACT Policing

.....)
Neil GAUGHAN APM)
Chief Police Officer for the ACT)
Australian Federal Police)
Date:)

in the presence of
.....
Signature of witness
.....
print name

Canberra Health Services

.....)
Bernadette McDonald)
Chief Executive Officer)
Canberra Health Services)
Date:)

in the presence of
.....
Signature of witness
.....
print name

Calvary Healthcare ACT

.....)
Roslyn Everingham)
A/g General Manager)
Calvary Public Hospital Bruce ACT)
Date:)

in the presence of
.....
Signature of witness
.....
print name

UNCLASSIFIED



SIGNED by
ACT Ambulance Service

.....
Howard WREN ASM
Chief Officer
ACT Ambulance Service
Date:

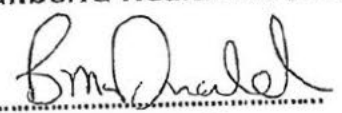
) in the presence of
)
)
) Signature of witness
)
) print name
)


ACT Policing


.....
Neil GAUGHAN APM
Chief Police Officer for the ACT
Australian Federal Police
Date: 20/10/2020

) in the presence of
) 
)
) Signature of witness
) 
) print name
)

Canberra Health Services


.....
Bernadette McDonald
Chief Executive Officer
Canberra Health Services
Date: 21/8/20

) in the presence of
) 
)
) Signature of witness
)
) Olivia Tzavallas
) print name
)

Calvary Healthcare ACT


.....
Roslyn Everingham
A/g General Manager
Calvary Public Hospital Bruce ACT
Date:

) in the presence of
)
)
) Signature of witness
)
) print name
)

UNCLASSIFIED

SIGNED by

ACT Ambulance Service


.....

Howard WREN ASM
Chief Officer
ACT Ambulance Service

Date: 26/8/20
.....

in the presence of



Signature of witness

Carolyn Tower
.....
print name

ACT Policing

.....
.....

Neil GAUGHAN APM
Chief Police Officer for the ACT
Australian Federal Police

Date:

in the presence of

.....

Signature of witness

.....
print name

Canberra Health Services

.....
.....

Bernadette McDonald
Chief Executive Officer
Canberra Health Services

Date:

in the presence of

.....

Signature of witness

.....
print name

Calvary Healthcare ACT

.....
.....

Roslyn Everingham
A/g General Manager
Calvary Public Hospital Bruce ACT

Date:

in the presence of

.....

Signature of witness

.....
print name

UNCLASSIFIED

CROSS AGENCY REFERRALS OF PEOPLE EXPERIENCING MENTAL ILLNESS

Advice for Mental Health Staff with Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) and Calvary Public Hospital Bruce (CPHB), ACT Policing, and the ACT Ambulance Service (ACTAS)

This document is to be held, implemented and reviewed by the Mental Health, Emergency, Ambulance and Police Collaboration (MHEAPC)

Date endorsed: June 2nd, 2020

Date for review: June 2nd, 2021

URGENT REFERRALS FROM ACT POLICING OR ACTAS TO MENTAL HEALTH SERVICES

Police and paramedics frequently work with people requiring urgent mental health assistance as part of their regular duties. Police officers and paramedics are encouraged to contact mental health services to seek relevant information, such as diagnosis, treatment, background information, risks and supports.

MHJHADS provide a “priority” triage phone line for police and paramedics through the Access Mental Health Team, which can be utilised for all urgent enquires and requests for mental health expertise on scene. Alternatively, a dedicated mental health clinician is embedded in Police Operations (Clinician in Operations; CiOPs) to provide patient information in consultation with the Operations Sergeant.

When making a referral into mental health services, the following information should be provided to assist with triaging the urgency of response:

- Name and agency of the caller
- Name, date of birth, and address of the person (if available)
- Current location of the person
- The reason the police or ambulance have been called to the person
- The purpose for the call e.g. requesting recent mental health history, requesting urgent mental health assessment on scene
- Whether the person has been detained under the *Mental Health Act 2015*.

Whenever practicable, mental health services will be on scene with ACTAS and ACT Policing to provide assistance and assessment as requested. In cases where a person has been apprehended under *the Mental Health Act 2015*, the clinician may elect not to attend the incident.

URGENT REFERRALS FROM MENTAL HEALTH SERVICES TO ACT POLICING OR ACTAS – COMMUNITY SETTINGS

An urgent referral from mental health services to police or ambulance may occur when a clinician or other Canberra Health Services (CHS) or Calvary Public Hospital Bruce (CPHB) staff member believes there to be a situation of real or imminent threat to a person (either patient, clinician or other) or significant damage to property that cannot otherwise be managed without police assistance. In this instance, staff members should use the “000” emergency line.

When making a referral into ACT Policing, the following information should be provided to assist with determining the urgency of response:

- Name and agency of the caller
- Name, date of birth, and address of the person (if available)
- Current location of the person
- Current risk relating to the person including agitated state, alcohol and drug use, weapons etc.
- Any relevant details about the person including whether they are subject to a mental health order

Where safe to do so, Mental Health Services staff should remain on scene to provide assistance and assessment to ACT Policing/ ACTAS and will advise if they have withdrawn for safety reasons.

ACT Policing and ACTAS will determine the urgency of the request and provide an estimated time of arrival based on operational commitments and priorities.

Where staff have called ACT Policing and/or ACTAS to a scene to assist, it is expected that the clinician completes any relevant paperwork such as the “Statement of Action Taken” in the event that the person is placed under emergency detention provisions of the Mental Health Act 2015, and accompany police or ambulance to the Canberra Hospital to complete the handover.

Clinicians from Mental Health Services or other CHS / CPHB staff will not be required to complete written documentation such as “request for transport forms” for high risk mental health related incidents requiring urgent police response via “000” in the community and when there is a risk to safety of the clinician on scene with the person.

FORCED ENTRY INTO A PROPERTY

Where forced entry to a person’s premises is required and requested by Mental Health Services, police may be called to provide assistance, as mental health clinicians and paramedics have limited means or skills of forced entry. MHJHADS accepts the financial responsibilities for means of entry or any claims of damage incurred as a result of the entry and arranging further measures to secure the property following the entry.

NON-URGENT REFERRALS FROM ACTAS/ACT POLICING TO MENTAL HEALTH SERVICES

ACT Policing and ACTAS can contact the Access Mental Health Triage priority line and provide relevant information on an individual they are concerned about and the referral will be triaged as per standard internal processes.

Sharing of a person's health information is limited due to privacy and confidentiality legislation but can be shared to lessen a serious threat to the person's health or safety or a serious or imminent threat to another person's health or safety. More information can be found in the "Sharing of Information – cross-agency procedure".

NON-URGENT REFERRALS FROM MENTAL HEALTH SERVICES TO ACT POLICING/ACTAS

A non-urgent referral from MHS to police/ambulance will generally be in the context of:

- Contravention of Psychiatric Treatment Order (PTO) or Community Care Order (CCO)
- Actioning an Assessment or Removal Order
- A request to check the welfare of a person.

Non-urgent referrals should be made by contacting the ACT Policing Operations Sergeant and sending copies of the relevant order including copies of the PTO/CCO with the attached Contravention Order, or the Assessment/Removal Order. ACTAS can be utilised to support the safe transport of a person where appropriate.

The relevant agencies will liaise to arrange a date and time to apprehend the person as required by the relevant order. A representative of the requesting mental health service should be present for the apprehension, accompany police or ambulance to the Canberra Hospital and provide clinical handover. Copies of orders should also be provided to Emergency Department staff.

Statement of Action Taken (SoAT) forms are not mental health orders and cannot be written in advance and are not transferable to another clinician or agency.

PHONE NUMBERS – NOT FOR PUBLIC DISCLOSURE

ACT Policing Communications Sergeant – [REDACTED]

ACTAS - General requests (ACTAS Clinician) – [REDACTED]

Urgent requests - 000

Access Mental Health Priority Line - [REDACTED]

AMHU/ MHSSU CNC – [REDACTED] or [REDACTED]

Calvary ED contact – [REDACTED]

Calvary Adult Mental Health Unit CNC – [REDACTED]

Older Persons Mental Health Unit Calvary CNC – [REDACTED]

AMHRU CNC – [REDACTED]

DMHU Consultant Psychiatrist - [REDACTED]

DMHU ADON – [REDACTED]

DMHU CNC – [REDACTED] or [REDACTED]

Extended Care Unit – [REDACTED]